



Kristen Schulz <kristen@secondstreet.org>

ATI 9670

1 message

Information Access-Accès à l'information (DH/MS) <DH-MS.InformationAccess-Accesalinformation@gnb.ca>

Fri, Sep 19, 2025 at
7:28 AM

To: "kristen@secondstreet.org" <kristen@secondstreet.org>

Dear Mrs. Schulz:

The Department of Health has reviewed your request, received on August 8, 2025, under the *Right to Information and Protection of Privacy Act*:

Any current documentation that indicates patients waiting for lifesaving treatment should be told, when surgery or treatment is suggested, an estimate of their wait time for surgery/treatment and the maximum recommended wait time for the surgery/treatment in question.

Please find the requested documents attached. Since there are many surgeries that could fall under "lifesaving treatments", wait times for surgeries are grouped into categories using the provincial acuity model. Highest acuity surgeries (lifesaving) would fall under Category I and II, and in some cases III. Moreover, please refer to the Surgical Wait Time website which contains information about wait time for surgery that is updated quarterly here:

<https://www1.gnb.ca/0217/SurgicalWaitTimes/Index-e.aspx>.

If you have any questions concerning this response, please contact us at: DH-MS.InformationAccess-Accesalinformation@gnb.ca.

If you are not satisfied with the response that has been provided, you may file a complaint with the Office of the Ombud as per section 67 of the Act within 40 business days of receiving this response or refer the matter to a judge of the Court of King's Bench as per section 65 of the Act within 40 business days of receiving this response.

Sincerely,

Hon. Dr. John M. Dornan, MD, FRCP, FACP, MBA

Minister



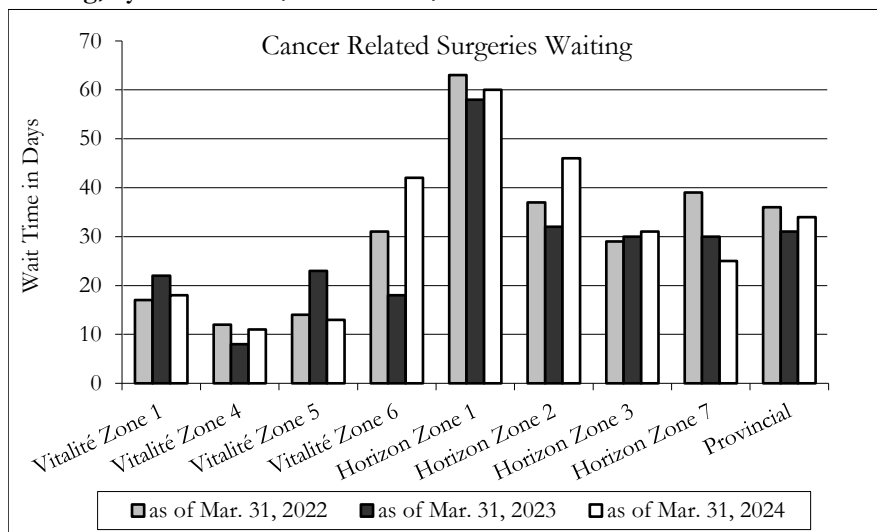
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Calculation of a patient's acuity score using the surgical prioritization tool

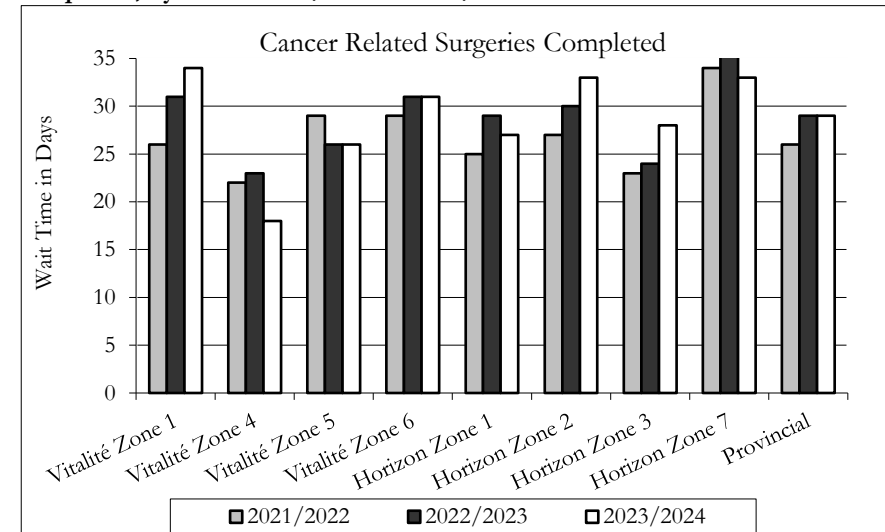
- A patient's acuity score can range from 1 to 100, with 1 being the least acute and 100 being the most acute.
- Each **procedure** has a range of days in which that procedure should be performed, as determined by surgeon working groups. Depending on the procedure, the days range can potentially span from 0 to 365 days. Examples:
 - Hip replacement has a range of 22 to 180 days
 - Cholecystectomy has a range of 7 to 90 days
- Based on the answers given on the tool, a total weight is determined as a percentage.
- The total weight of the tool is applied to the days range for the procedure being performed. Through a conversion process, an **acuity score** and a **recommended surgery date** are determined. Example:
 - If the answers on the surgical prioritization tool arrived at 50%, and the procedure being performed was a **hip replacement**, this would result in a recommended surgery date within 69 days.
 - If the most severe answers are selected on the tool, giving 100%, the score would translate to a recommended surgery date within 22 days.
- Using the examples above, a hip replacement can only have a score/recommended surgery date between 22 and 180 days.
- If the surgery is being performed for proven or suspected **cancer**, an additional step is taken.
 - If the surgeon indicates that the surgery is **to be performed within 6 weeks**, the score on the tool yields a **maximum** recommended surgery date within 6 weeks.
 - If the remaining answers on the tool arrive at a recommended surgery date within **less** than 6 weeks, that timeframe will be applied to the request.
 - If the remaining answers on the tool arrive at a recommended surgery date **beyond** 6 weeks, the request will remain with a recommended surgery date within 6 weeks.
 - If the surgeon indicates that the surgery is **to be performed within 3 months**, the score on the tool yields a **maximum** recommended surgery date within 3 months.
 - If the remaining answers on the tool arrive at a recommended surgery date that is **less** than 3 months, that timeframe will be applied to the request up to a minimum of 6 weeks.
 - If the remaining answers on the tool arrive at a recommended surgery date beyond 3 months, the request will remain with a maximum recommended surgery date within 3 months.
 - If the surgery is a **recheck**, the surgeon indicates the number of months that the surgery is to be performed within. That specified number of months will be equivalent to the recommended surgery date.

Table V-1(c) Surgical Wait Time (Median) in days for cancer surgeries waiting, by Zone - 2021/2022 to 2023/2024



Median wait time for Cancer Surgeries Waiting (in days)	as of Mar. 31, 2022	as of Mar. 31, 2023	as of Mar. 31, 2024	% change from 21/22 to 23/24
Vitalité Zone 1	17	22	18	6%
Vitalité Zone 4	12	8	11	-8%
Vitalité Zone 5	14	23	13	-7%
Vitalité Zone 6	31	18	42	35%
Horizon Zone 1	63	58	60	-5%
Horizon Zone 2	37	32	46	24%
Horizon Zone 3	29	30	31	7%
Horizon Zone 7	39	30	25	-36%
Provincial	36	31	34	-6%

Table V-1(d) Surgical Wait Time (Median) in days for cancer surgeries completed, by Zone - 2021/2022 to 2023/2024



Median wait time for Cancer Surgeries Completed (in days)	2021/2022	2022/2023	2023/2024	% change from 20/21 to 22/23
Vitalité Zone 1	26	31	34	31%
Vitalité Zone 4	22	23	18	-18%
Vitalité Zone 5	29	26	26	-10%
Vitalité Zone 6	29	31	31	7%
Horizon Zone 1	25	29	27	8%
Horizon Zone 2	27	30	33	22%
Horizon Zone 3	23	24	28	22%
Horizon Zone 7	34	50	33	-3%
Provincial	26	29	29	12%

Note 1: The median represents the wait time in days where ½ of the cases wait less than the median and ½ of the cases wait longer than the median.

Note 2: Includes cases done in the Operating room by a surgeon for a procedure deemed surgical in nature

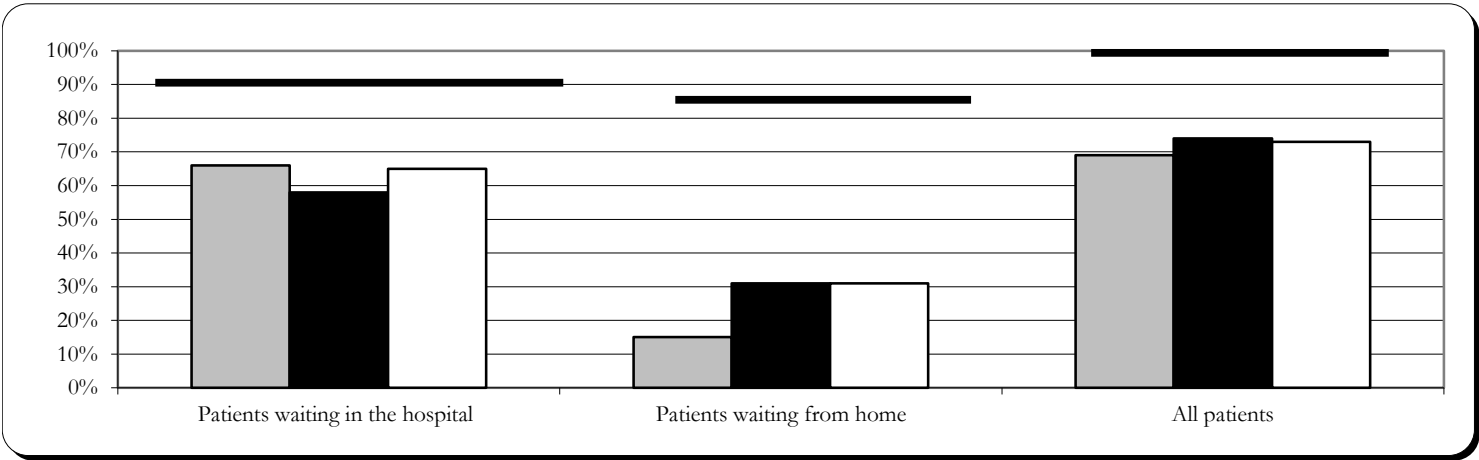
Note 3: Excludes emergency cases

Note 4: Excludes time for which the patient is not available for surgery

Note 5: Source data is from the Provincial Surgical Access Registry

Table V-4 - Pan Canadian Benchmark procedure targets by Zone - 2021/2022 to 2023/2024

Table V-4(d) - Coronary Artery Bypass Graft Surgery: Patients waiting in the hospital (percent completed within 7 days), Patients waiting from home (percent completed



Surgeries Completed	2021/22	2022/23	2023/2024	% difference from 21/22 to 23/24	NB Target
Patients waiting in the hospital	66%	58%	65%	-1%	90%
Patients waiting from home	15%	31%	31%	16%	85%
All patients	69%	74%	73%	4%	100%

Note 1: Includes cases waiting to be done in the Operating room by a surgeon for a procedure deemed surgical in nature

Note 2: Excludes emergency cases

Note 3: Excludes time for which the patient is not available for surgery

Note 4: Source data is from the Provincial Surgical Access Registry

Section V

Surgical Wait time Trends

Section V: Surgical Wait times Trends

This section will assist in the understanding of surgical wait time for the province of New Brunswick and individual Zones. The Provincial Surgical Access Registry is integrated with each of the province's eight Zones and their respective perioperative systems. It contains information on every patient waiting for surgery or having had surgery in the province of New Brunswick. This system is used to monitor and manage access to surgery.

Section V provides detailed information on surgical wait time. The wait time begins when the patient and the surgeon determine that the patient needs surgery, and the patient is ready to receive it. The wait time ends when the surgery is performed. The wait time reports show the median wait time in days those patients experience while waiting for surgery. This is reported for the province and each Zone. Wait times for cancer cases are reported separately. Surgical volumes are reported for both completed and cases waiting for the province and each Zone.

New Brunswick has developed a clinical acuity model which standardizes the definition and time frames attached to patient prioritization. Each surgical request is prioritized by the surgeon who will be performing the surgery. The prioritization process follows the provincial clinical acuity model; this is calculated in the surgical access registry. The clinical acuity model has four categories. (See table below)

New Brunswick Clinical Acuity Model		
Category	Recommended Time Frame	2023-24 Target
I	Within 3 weeks	90%
II	Within 6 weeks	90%
III	Within 3 months	90%
IV	Within 12 months	100%
All surgeries to be completed within 12 months		100%

In December 2005 the provinces and territories established Pan Canadian benchmarks which were evidence based, with the exception of Coronary Artery Bypass Graft. There is a lack of comparability in urgency levels across Canada, provinces are reporting the percentage of patients treated within six months. In New Brunswick, the recommended time frame was determined in consultation with Cardiac Surgeons and in accordance with the Canadian Wait Time Alliance and Canadian Cardiovascular Society. (See table below)

Pan Canadian Benchmarks		
Benchmarked procedures	Recommended Time Frame	2018 Target
Hip Replacement Surgery	Within 26 weeks	85%
Knee Replacement Surgery	Within 26 weeks	75%
High Risk Cataract Surgery	Within 16 weeks	90%
Coronary Artery Bypass Graft Surgery – Patients waiting in the hospital	Within 7 days	90%
Coronary Artery Bypass Graft Surgery – Patients waiting from home	Within 3 to 42 days	85%
Coronary Artery Bypass Graft Surgery – All Patients	Within 3 to 42 days	100%
Hip fracture fixation	Within 48 hours	95%

Recognizing that the recommended time frames in the clinical acuity model and the Pan Canadian benchmarks cannot be achieved in a short period of time, New Brunswick has set yearly targets (as indicated in the preceding tables) to achieve those time frames. Targets will be set for subsequent years. This section illustrates where surgical wait time is in relation to achieving the targets.

Notes are included below many of the tables to explain certain inclusions, exclusions, or variations in the data.

Tables V-1(a) through V-1(d): Surgical Wait times (Median) in days for Surgeries Waiting and Completed

Information is provided on median wait times provincially and by Zone. The wait time data is based on surgeries waiting at the end of each fiscal year, and also for surgeries completed during each fiscal year. The wait time for surgeries waiting is calculated from when the patient and the surgeon determine that the patient needs surgery and the patient is ready to receive it, through to March 31st for each fiscal year. The wait time for surgeries completed is based on the surgeries completed during each fiscal year. Time frames in which a patient was not available to have surgery were excluded from the wait time calculation. The wait time is measured in days. The data excludes surgeries done emergently. Table V-1(a) and V-1(b) show the wait time for all surgeries, while Table V-1(c) and V-1(d) show the wait time for surgeries performed for proven or suspected cancer.

Tables V-2(a) through V-2(f) Surgical Volumes for Surgeries Waiting and Completed

Information is provided on the volume of surgeries waiting at the end of each fiscal year and the volume of surgeries completed during the same time frame. Surgeries that waited longer than 12 months and those that were completed having waited longer than 12 months are shown. Table V-2(a), V-2(c) and V-2(e) show the volume for surgeries waiting. Table V-2(b), V-2(d) and V-2(f) show the volume of surgical cases completed.

Tables V-3(a) through V-3(e): Clinical Acuity Model Target Timeframe

Information is provided on surgeries completed according to each component of the clinical acuity model's target time frames. Recognizing that the recommended time frames in the clinical acuity model cannot be achieved in a short period of time, New Brunswick has set yearly targets (as indicated in the preceding tables) to achieve those time frames.

Tables V-4(a) through V-4(e): Pan Canadian Benchmark Procedure Targets

Information is provided on surgeries completed according to each of the surgical Pan Canadian benchmarks. Recognizing that the recommended time frames in the Pan Canadian benchmarks cannot be achieved in a short period of time, New Brunswick has set yearly targets (as indicated in the preceding tables) to achieve those time frames.